1: Can J Public Health. 1990 Mar-Apr;81(2):102-6. Links

Comment in:
Can J Public Health. 1990 Sep-Oct;81(5):400-1.

Risk of automobile accidents in cigarette smokers.

Brison RJ.

Division of Emergency Medicine, Queen's University, Kingston, Ontario.

I used a case-control study to identify an increased risk of motor vehicle crash (MVC) in cigarette smokers as compared to non-smokers. Information on smoking status and potential confounding factors was obtained using a self-administered mail-out questionnaire sent to 1,000 persons known to have had a MVC, and a control group of 1,100 persons with no record of MVC in the previous five years. Assessment of relative risk estimates (RR) and adjustment for confounding factors was done by logistic regression analysis. Smokers had a 1.5-fold increase in risk for MVC over non-smokers (p = .01). Also, an increased tendency to smoke while driving was associated with greater risk of MVC (X2 trend: p = .01). The basis for this association may be: 1. distraction from driving by the act of smoking. 2. behavioural differences between smokers and non-smokers. 3. carbon-monoxide toxicity. Further study is needed to determine the importance of these factors as components of the increase in risk found.

PMID: 2331646 [PubMed - indexed for MEDLINE]

1: Tob Control. 2005 Jun;14 Suppl 1:i28-32.

Excess injury mortality among smokers: a neglected tobacco hazard.

Wen CP, **Tsai SP**, **Cheng TY**, **Chan HT**, **Chung WS**, **Chen CJ**.

Division of Health Policy Research, National Health Research Institutes, Taipei, Taiwan. cwengood@nhri.org.tw

OBJECTIVE: To assess the mortality risks from injuries for smokers and ex-smokers and to quantify the mortality burden of smoking from injury in Taiwan. METHODS: Smokers' (and ex-smokers') mortality risks from injuries were compared with that of non-smokers in a merged cohort from Taiwan. A total of 64,319 male subjects were followed up for 12-18 years. Relative risks (RR) (adjusted for age and alcohol use) and 95% confidence intervals (CI) for cause specific injury deaths were calculated using the Cox proportional hazard model. Relative risks of injury mortality were also calculated to assess the presence of dose-response relations with daily smoking quantity. RESULTS: Alcohol use adjusted relative mortality risks for all injuries (RR 1.69, 95% CI 1.39 to 2.05) including those from motor vehicle accidents (RR 1.88, 95% CI 1.44 to 2.45) and non-motor vehicle accidents (RR 1.48, 95% CI 1.11 to 1.99) were significantly higher for smokers than non-smokers. Mortality was also increased for most subtypes of non-motor vehicle injuries including falls, fires, and job related injuries. Furthermore, these increases were dose dependent, with the heaviest smokers having the highest risk and the lightest smokers the lowest risk, and ex-smokers, no increase. In 2001, over one fifth (23%) of all male injury deaths in Taiwan was associated with smoking. CONCLUSION: This study demonstrated the significant association between fatal injuries and smoking. This relation adds further weight to smoking cessation campaigns.

PMID: 15923444 [PubMed - indexed for MEDLINE]

PMCID: PMC1766175

1: Prev Med. 1994 Jul;23(4):515-20.

Smoking and injuries: an overview.

Sacks JJ, **Nelson DE**.

Division of Unintentional Injury Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia 30341.

BACKGROUND. Although the disease consequences of cigarette smoking are well documented, smoking may also be associated with increased risk of injury. Our purpose is to provide an overview of this potential association. METHODS. We conducted a literature review. RESULTS. Cigarettes are the leading cause of death from fire and the second leading cause of fire-related injury. Studies estimate that compared with nonsmokers, smokers appear 1.5 times more likely to have a motor vehicle crash, 1.4-2.5 times more likely to be injured at work, and 2.0 times more likely to suffer other unintentional injuries. A variety of reasons may explain an association between cigarette smoking and injuries; these include (a) direct toxicity; (b) distractibility; (c) smoking-associated medical conditions; and (d) confounding factors, including personality or behavioral characteristics. CONCLUSIONS. Smoking may be an independent risk factor for thermal, motor vehicle, occupational, and other unintentional injuries. Nonsmokers may be at increased risk of injury from the presence of smokers in their environments, e.g., from fires. Societal benefits from decreased smoking prevalence are likely to include reduction of both fatal and nonfatal injuries.

PMID: 7971880 [PubMed - indexed for MEDLINE]

We found 1 article in **Am J Prev Med 2006:**

1: Am J Prev Med. 2006 Nov;31(5):363-8. ELSEVIER FULL TEXT ARTICLE Links

Measuring air quality to protect children from secondhand smoke in cars.

Rees VW, **Connolly GN**.

Harvard School of Public Health, Division of Public Health Practice, Boston, Massachusetts 02115, USA. vrees@hsph.harvard.edu

BACKGROUND: Secondhand tobacco smoke (SHS) is a major, preventable contributor to acute and chronic adverse health outcomes that affect children disproportionately. The predominant source of SHS among children is domestic exposure, and while up to two thirds of U.S. households have car smoking bans, an unacceptable number of children remain vulnerable. To help promote more effective protection through legislation, health communication strategies, or behavioral interventions, data demonstrating the adverse effect of SHS on air quality in cars are needed. METHODS: Secondhand tobacco smoke in a motor vehicle under actual driving conditions was monitored by measuring respirable suspended particles (RSPs) of less than 2.5 microns in diameter, and carbon monoxide. Forty-five driving trials were conducted, using teams of volunteer drivers and smokers recruited from the general community. Three smoking conditions (nonsmoking baseline, active smoking, and immediate post-smoking period, each 5 minutes) were crossed with two ventilation conditions (windows open, closed) in a 3 x 2 within-sessions factorial design. RESULTS: The highest mean observed RSP level was 271 mug/m(3), which is unsafe, particularly for children. Peak RSP levels were considerably higher. RSPs and carbon monoxide increased significantly from baseline after smoking, and these increases were greatest during the closed ventilation condition, compared with open ventilation. CONCLUSIONS: Private passenger cars are a domestic environment with the potential to yield unsafe levels of SHS contaminants. These data may assist policymakers and health advocates to promote protective strategies to ensure smoke-free domestic environments for children.

PMID: 17046406 [PubMed - indexed for MEDLINE]

We found 1 article in **Am J Prev Med 2006:**

1: Am J Prev Med. 2006 Nov;31(5):363-8. ELSEVIER FULL-TEXT ARTICLE Links

Measuring air quality to protect children from secondhand smoke in cars.

Rees VW, **Connolly GN**.

Harvard School of Public Health, Division of Public Health Practice, Boston, Massachusetts 02115, USA. vrees@hsph.harvard.edu

BACKGROUND: Secondhand tobacco smoke (SHS) is a major, preventable contributor to acute and chronic adverse health outcomes that affect children disproportionately. The predominant source of SHS among children is domestic exposure, and while up to two thirds of U.S. households have car smoking bans, an unacceptable number of children remain vulnerable. To help promote more effective protection through legislation, health communication strategies, or behavioral interventions, data demonstrating the adverse effect of SHS on air quality in cars are needed. METHODS: Secondhand tobacco smoke in a motor vehicle under actual driving conditions was monitored by measuring respirable suspended particles (RSPs) of less than 2.5 microns in diameter, and carbon monoxide. Forty-five driving trials were conducted, using teams of volunteer drivers and smokers recruited from the general community. Three smoking conditions (nonsmoking baseline, active smoking, and immediate post-smoking period, each 5 minutes) were crossed with two ventilation conditions (windows open, closed) in a 3 x 2 within-sessions factorial design. RESULTS: The highest mean observed RSP level was 271 mug/m(3), which is unsafe, particularly for children. Peak RSP levels were considerably higher. RSPs and carbon monoxide increased significantly from baseline after smoking, and these increases were greatest during the closed ventilation condition, compared with open ventilation. CONCLUSIONS: Private passenger cars are a domestic environment with the potential to yield unsafe levels of SHS contaminants. These data may assist policymakers and health advocates to promote protective strategies to ensure smoke-free domestic environments for children.

PMID: 17046406 [PubMed - indexed for MEDLINE]

1: Nicotine Tob Res. 2008 Sep;10(9):1467-75.

Residual tobacco smoke pollution in used cars for sale: air, dust, and surfaces.

Matt GE, **Quintana PJ**, **Hovell MF**, **Chatfield D**, **Ma DS**, **Romero R**, **Uribe A**.

Department of Psychology, San Diego State University, San Diego, CA 92182-4611, USA. gmatt@sciences.sdsu.edu

Regular tobacco use in the enclosed environment of a car raises concerns about longer-term contamination of a car's microenvironment with residual secondhand smoke pollutants. This study (a) developed and compared methods to measure residual contamination of cars with secondhand smoke, (b) examined whether cars of smokers and nonsmokers were contaminated by secondhand smoke, and (c) how smoking behavior and restrictions affected contamination levels. Surface wipe, dust, and air samples were collected in used cars sold by nonsmokers (n = 20) and smokers (n = 87) and analyzed for nicotine. Sellers were interviewed about smoking behavior and restrictions, and car interiors were inspected for signs of tobacco use. Cars of smokers who smoked in their vehicles showed significantly elevated levels of nicotine ($p < .001$) in dust, on surfaces, and in the air compared with nonsmoker cars with smoking ban. When smokers imposed car smoking bans, air nicotine levels were significantly lower ($p < .01$), but dust and surface contamination levels remained at similar levels. Smoking more cigarettes in the car and overall higher smoking rate of the seller were significantly associated with higher secondhand smoke contamination of the car ($p < .001$). Use of a cutpoint for nicotine levels from surface wipe samples correctly identified 82% of smoker cars without smoking bans, 75% of smoker cars with bans, and 100% of nonsmoker cars. Surface nicotine levels provide a relatively inexpensive and accurate method to identify cars and other indoor environments contaminated with residual secondhand smoke. Disclosure requirements and smoke-free certifications could help protect nonsmoking buyers of used cars.

PMID: 19023838 [PubMed - indexed for MEDLINE]

We found 1 article in **Am J Public Health 2008:**

1: Am J Public Health. 2008 Dec;98(12):2140-5. Epub 2008 Oct 15.

Children's secondhand smoke exposure in private homes and cars: an ethical analysis.

Jarvie JA, **Malone RE**.

San Francisco Department of Public Health, San Francisco, CA, USA.

Secondhand smoke (SHS) exposure is a known cause of disease among nonsmokers, contributing to lung cancer, heart disease, and sudden infant death syndrome, as well as other diseases. In response to the growing body of scientific literature linking SHS with serious diseases, many countries, states, and cities have established policies mandating smoke-free public spaces. Yet thousands of children remain unprotected from exposure to SHS in private homes and cars. New initiatives targeting SHS in these spaces have raised ethical questions about imposing constraints on private behavior. We reviewed legislation and court cases related to such initiatives and used a principlist approach to analyze the ethical implications of policies banning smoking in private cars and homes in which children are present.

PMID: 18923115 [PubMed - indexed for MEDLINE]

PMCID: PMC2636518 [Available on 2010/12/01]

NEW WEST
HEALTH SERVICES

Agent Training

Agenda

February 20th, 2009

8:00 a.m. – 3:00 p.m.

8:00 a.m. - 8:45 a.m.	Managing Care in Today's World Dr. Robert Shepard, Medical Director
8:45 a.m. - 9:15 a.m.	New West's Quality Initiatives and Results Monica Wassell, Quality Director
9:15 a.m. - 9:30 a.m.	Break
9:30 a.m. - 10:00 a.m.	How New West Performs UM/UR Cory Hartman, Medical Services Director
10:00 a.m. - 10:30 a.m.	Update on Provider Networks and the Legislative Session Tanya Ask, VP of External & Provider Services
10:30 a.m. - 11:00 a.m.	Medicare Group - A Cost Saving Strategy Bonnie Franklin, Director of Medicare Operations
11:00 a.m. - 11:45 a.m.	Operations and Member Services Dory Hicks, CIO/VP of Operations
11:45 a.m. - 12:45 p.m.	Lunch- New West 2013 David Kibbe, CEO
12:45 p.m. - 1:00 p.m.	Break
1:00 p.m. - 1:30 p.m.	Underwriting Carole Cottrell, Underwriting Manager
1:30 p.m. - 2:15 p. m.	Sales Plan 2009 Greg Loughlin, VP/Strategic Growth
2:15 p.m. - 3:00 p.m.	A Conversation with David Kibbe & Greg Loughlin